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SAMFORD RURAL DISTRICT.



ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
1942.

•ТОЯРДИ ДАИЯ ДЯОЧА-

ЧТОЕВА ЛАУКА

edit 10

MEMPHIS TO NEW ORLEANS JAILOR

2401

TO THE
CHAIRMAN AND MEMBERS
OF THE
SAMFORD RURAL DISTRICT COUNCIL

Ladies and Gentleman,

I beg to submit the interim Annual Report for the year ended 31st December, 1942.

Acting Medical Officer of Health:

A. G. ATKINSON, M.D., Ch.B., D.P.H.

Sanitary Inspector:

H. WATLING, C.R.S.I.

Deputy Sanitary Inspector:

J. W. GOOD, A.R.S.I.

Statistics:

AREA:	45,138 acres
POPULATION:	12,730
INHABITED HOUSES:	3,898
RATEABLE VALUE:	65,530

Sum represented by a Penny Rate: £278

Births:

	M	F
Total:	109	88
Legitimate:	100	86
Illegitimate:	9	2

Stillbirths:

Total:	2	3
Legitimate:	2	3
Illegitimate:	0	0

Live Birth Rate per 1,000 Civilian

population: 15.5 approx.

Rate for England and Wales: 15.8

Stillbirths per 1,000 Civilian

population: 0.39

Rate for England and Wales: 0.54

Rate per 1,000 Live and Stillbirths: 24.7

W. BRUNSWICK, CHA. HAMPTON

19. *Light suspended* (13)

SAVANNAH, RIVER DISTRICT, CONNECTICUT, COMMERCIAL.

1938 has become too
interesting since this self

1945. *Leeds Mercury* 21st December, 1945. *Leeds Mercury* 21st December, 1945.

• I. S. G. C. • M. A. T. I. T. I. S. O. N. • G. D. M. A. S. O. N. • C. P. B. • D. P. H. •

Some Characteristics of a Family Rate

Deaths:

All causes: 81 81

M F

Death Rate per 1,000 Civilian population: 12.7
Rate for England and Wales

Civil population: 11.6

Causes of Death:

M F

Heart Disease	18	24
Cancer	11	15
Cerebral haemorrhage etc.	8	10
Nephritis	8	2
Pneumonia (all forms)	2	3
Bronchitis	3	3
Influenza	2	1
Other respiratory diseases	0	0
Diabetes	2	1
Tuberculosis - Pulmonary	3	2
do. - Non-Pulmonary	0	0
All other causes	24	20

Deaths from puerperal causes:

NIL

Infantile Mortality:

M F

Deaths of infants under One year of age:	4	3
Legitimate:	3	3
Illegitimate:	1	0
Death Rate (per 1,000 live-births) of infants under One year of age:	35.5	
Rate for England and Wales:	49.0	

M F

Deaths from Cancer (all ages)	11	15
Deaths from Measles, Whooping Cough, and Diarrhoea (under Two years of age):	NIL	

Notifiable diseases:	Notifications received.	Admitted to Hospital	Deaths
Scarlet Fever	11	10	0
Diphtheria	1	1	0
Pneumonia	4	3	1
Enteropelias	3	2	0
Measles	3	0	0
Whooping Cough	9	0	0
Cerebro-Spinal Fever	0	0	0
Enteric Fever	0	0	0
Puerperal Pyrexia	2	2	0

Note.

Pneumonia - 5 deaths were shewn on Registrar-General's Death Returns;
 of these 2 were unnotified by local practitioners who certified Pneumonia
 as cause of death and 2 were admitted to East Suffolk and Ipswich Hospital
 for other causes.

It is a good idea to have a copy of the Code of Ethics of the American Bar Association, which is available at the American Bar Association, 1155 Massachusetts Avenue, Washington, D. C. 20004.

Tuberculosis

Age Periods	New Cases		Deaths		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-1								
1-5								
5-15			1					
15-25	1	1	1	1	1	2		
25-35							1	
35-45					1			
45-55	0	1			1		1	
55-65	1				1		2	
65+								
Total	2	2	2	4	4	4	3	2

o Inward Transfer

Diphtheria Prophylaxis:

During the year the following received a full course of injections -

(1) Children from 0-5 yrs	179
(2) Children from 5-15 yrs	153
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Total	332
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The first group includes a few children just under 1 year old - younger children not being submitted to inoculation.

It is estimated that approximately 74% of the 0-5 year children have been immunised and 79% of the 5-15 year old. The boys of the Royal Hospital School, Holbrook, are not included in these figures.

These results compare very favourably with those obtained in other counties. I would like to place on record the help the District Nurses have given in this as regards the children in the 0-5 age group.

I have the honour to be,

Your obedient Servant,

(Signed) A. G. ATKINSON.
Acting Medical Officer of Health

Dynamic of the last five following meetings
- last course of discussions -

151 (1) Comparison from 0-8 at

152 (2) Comparison from 8-12 at

153 Total

newly developed with a significant amount of time
not necessarily due to the number of meetings - but also I
think it is due to the number of participants.

What I feel most is that the discussions at 31
are becoming more and more focused on the 8-0 and
the 8-12. The 8-12 is the last of the 31
and the 8-0 is the first. The 8-12 is the last
and the 8-0 is the first.

These last five meetings are very important
in the development of the current discussions. I
feel that the discussions are becoming more and more
focused on the 8-0 and the 8-12. The 8-12 is the last
and the 8-0 is the first.

So, so much is said in the last five meetings.

Now, I will go to the next five meetings.

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